


Ann B - Work Completion Report

Company	M/s. AMTZ MEDPODIS SQUARE 801 PVT. LTD	Name of contractor	A harsh	Sl. No. site bills reg.			
Project site	AMSS801	Nature of work	cuplock	Dt. site bills reg.	09-04-2025		
Block no.	AMSS801	Work done from date	24-02-2025	M-codex bill ID			
WO no.		Work done to date	09-04-2025	WO issued ?	YES		
WO date		Contractor bill no.	Inv. 86	GST bill required?	YES		
Prepare by:	Sultan Ali						
Sl. No.	Unit/floor no	Details of work	Qty	Units	Rate ID	Rate	Amount
1		North side scaffolding removing	4,544	Sft			11,360
2		south side scaffolding removing	4,544	Sft			11,360
3		west elevation scaffolding removing	3,596	Sft			8,990
4			5,512	Sft		2.5	13,780
5		head room outer area scaffolding removing	972	Sft			2,430
6		south side internal scaffolding removing	1,080	Sft			2,700
7							
8							
9							
10							
<b>Total</b>							<b>50,620</b>
<b>Add GST @</b>							<b>0</b>
<b>Total amount including taxes for work done</b>							<b>50,620</b>
<b>Remarks:</b> Work completed		<b>Approved by QS team</b>		<b>Approved by Director/E&amp;D team</b>			
Sign: 		Sign: _____		Sign: _____			
Date: 04/9/25		Date: _____		Date: _____			

Notes: 1. This sheet replaces installation report and advice for credit of contractors. 2. This work form must be typed. 3. Use this form even if work order is not issued. 4. Attach measurement and estimate sheets only if required i.e. details cannot be entered above. 5. For bill amount greater than 10k QS manager and directors approval is required. 6. For bill amount less than 10k any QS team member may sign and in place of director sign of respective E&D member to be taken. 7. Director include - Soham, Anand Mehra (for GHT + GMR), Sachin (for V/ropolis), B. anand Kumar (for NCH + NRC), 8. Entry of Rate ID is mandatory. 9. This sheet must be sent within 2 working days of work completion (with or without contractors bill). 10. Contractors to send scanned copy of bill to site and QS by email. 11. Contractors must submit original bills at HO (can be sent by courier).

ESTIMATE SHEET							
Company Name:		M/s. AMTZ MEDPOJIS SQUARE 801 PVT. LTD.				Approved by: N. Leela Venkatesh	
Project:		AMMS801					
Work Description:		cuplock fixing					
Prepared By:		Sultan ali					
Date:		09-04-2025					
S No.	Item Head	Item Description	Quantity	Units	Rate	Amount	Item Head Total
1		North side scaffolding removing	4,544	Sft	2.50	11,360.00	
2		south side scaffolding removing	4,544	Sft	2.50	11,360.00	
3		west elevation scaffolding removing	3,596	Sft	2.50	8,990.00	
4			5,512	Sft	2.50	13,780.00	
5		head room outer area scaffolding removing	972	Sft	2.50	2,430.00	
6		south side internal scaffolding removing	1,080	Sft	2.50	2,700.00	
							50,620.

**MEASUREMENT SHEET**

Company Name:		M/s. AMTZ MEDPOLIS SQUARE 801 PVT. LTD.			Approved by:		N. Leela Vankatesh	
Project:		AMS801			Sign:			
Work Description :		cuplock scaffolding			Work start date:		24-02-2025	
Contractor:		A harish			Work end date:			
Prepared By:		Sultan ali			Date :		09-04-2025	
S No.	Item Head	Item Description	A Length	B Width	C Height	D Nos.	E=AB*CXD Quantity	F Units
1		North side scaffolding removing	71.00	1.00	64.00	1.00	4.544	Sft
2		south side scaffolding removing	71.00	1.00	64.00	1.00	4.544	Sft
3		west elevation scaffolding removing	58.00	1.00	62.00	1.00	3.596	Sft
4		head room outer area scaffolding removing	106.00	1.00	52.00	1.00	5.512	Sft
5		south side internal scaffolding removing	54.00	1.00	18.00	1.00	972	Sft
			60.00	1.00	18.00	1.00	1.080	Sft

**Allowance For Equipment**

**A.harish**  
vishakapatam  
Amtz

Date: 10.04.2025

**In favor of :** Amtz medpolis square pvt.ltd Ams 801.

**Project/Site:** Ams 801

**Location:** vishakapatnam

**Type of Work:** cuplock scaffolding

**Towards :** Allowance For Equipment

S.No.	Description	Amount
1	<b>Breif discription of work:</b> Towards cuplock scaffolding removing work	<b>20,248</b>
	<b>Total amount:</b> 50,620.00	

**Amount in Word:** twenty thousand two hundred fourty eight rupees only /-

Sign: \_\_\_\_\_

**Labour Charges**

**A harish**

vishakapatam

Amtz

Date: 10.03.2025

**In favor of :** Amtz medpolis square pvt.ltd Ams 801.

**Project/Site:** Ams 801

**Location:** vishakapatnam

**Type of Work:** cuplock scaffolding

**Towards :** Allowance For labour charges

S.No.	Discription	Amount
1	<b>Breif discription of work:</b> Towards cuplock scaffolding fixing and removing work	
	<b>Total amount:</b> 50,620.00	<b>20,248</b>

**Amount in Word:** twenty thousand two hundred fourty eight rupees only /-

Sign: \_\_\_\_\_

**Allowance For Consumables**

**A.harish**  
vishakapatam  
Amtz

Date: 10.04.25

**In favor of :** Amtz medpolis square pvt.ltd Ams 801.  
**Project/Site:** Ams 801  
**Location:** vishakapatnam

**Type of Work:** cuplock scaffolding

**Towards** Allowance For Consumables

<b>S.No.</b>	<b>Discription</b>	<b>Amount</b>
1	<b>Breif discription of work:</b> Towards cuplock scaffolding fixing and removing work	<b>10,124</b>
	<b>Total amount:</b> 50,620.00	

**Amount in Word:** Ten thousand one hundred twenty four rupees only /-

Sign: \_\_\_\_\_